	<u> </u>					Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 1997  OS 994363													
CLAIMS AS FILED - PART I (Column 1) (Column 2)										ENTITY	OR	OTHER SMALL	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC	FEE									395.00	OR		790.00
TOTA	L CLAIMS		minus 20 =			= *			x\$11=		OR	x\$22=	
INDE	PENDENT CLA	IMS	minus 3 =			= * /			x41=		OR	x82=	50
MULTIPLE DEPENDENT CLAIM PRESENT											OR	+270=	
* If the	e difference in col				ļ	TOTAL		L	TOTAL	5/12			
REST AVAILABLE COPY													
		(Colu	ımn 1)	VIAICIARCA	(C	olumn 2)	(Column 3)		SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		REM/ AF	AIMS AINING TER DMENT		N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· C	0k	Minus	**	20	=		x\$11=		OR	x\$22=	
	Independent	*	4	Minus	***	4	=		x41=		OR	x82=	
<b>Q</b>	FIRST PRES		+135=		OR	+270=							
		(Colu	umn 1)		(C	Column 2)	(Column 3)	,	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
AMENDMENT B		REM. AF	AIMS AINING TER IDMENT		N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 5	<del>2</del> 0	Minus	**	20	=		x\$11=		OR	x\$22=	
	Independent	* 2	1	Minus	***	4	=		x41=		OR	x82=	
	FIRST PRES		+135=		OR	+270=							
		(Col	umn 1)		(0	Column 2)	(Column 3)	,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT C		REM AF	AIMS AINING TER NDMENT		PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		x\$11=		OR	x\$22=	
	Independent	*		Minus	***		=		x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=										OR	+270=	
*** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20. enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in									OR	TOTAL ADDIT. FEE		



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NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THE
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 08/994363												
Total Fee Calculation												
	Fee Code	Total # Claims	Number Extra	X Fœ	Fc= =	Te						
	Sm_/Lg.			Sm. Entity	Lg. Entity							
Basic Filing Fee	<del>2</del> 01/101	<b>.</b>			1990	·						
Total Claims >20	203/103	20 -20 =	· :	x								
Independent Claims >3	202/102		;	x	82							
Mult Dep Claim Present	204/104											
Surcharge	. <del>205/105</del>				130							
English Translation	139											
TOTAL FEE CALCULATION												
Fees due upon filing the application:												
Total Filing Fees Due = \$ \( \lambda \text{\$Q\$, QQ} \)												
Less Filing Fees Submitted - \$												
BALANCE DUE = \$ \( \langle 009.00 \)  Office of Initial Patent Examination												